

**Michigan Department of Health and Human Services**

**Ambulance Fee Schedule**

**January - 2016**

<b>Code</b>	<b>Short Description</b>	<b>Modifier</b>	<b>Age Range</b>	<b>Rate</b>	<b>Effective Date**</b>
A0225	Neonatal Emergency Transport			\$146.08	
A0420	Ambulance Waiting 1/2 Hr			\$30.73	
A0425	Ground Mileage			\$3.27	
A0426	Als 1			\$191.88	
A0427	Als1-Emergency			\$191.88	
A0428	Bls			\$105.32	
A0429	Bls-Emergency			\$105.32	
A0430	Fixed Wing Air Transport			\$915.62	
A0431	Rotary Wing Air Transport			\$1,204.85	
A0433	Als 2			\$191.88	
A0435	Fixed Wing Air Mileage			\$10.97	
A0436	Rotary Wing Air Mileage			\$14.33	
A0998	Ambulance Response/Treatment			\$105.32	
A0999	Unlisted Ambulance Service			M	

\*\*Effective Date will only be populated when the rate begins after the published fee schedule date

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.